

UNITED STATES BANKRUPTCY COURT  
FOR THE MIDDLE DISTRICT OF NORTH CAROLINA  
DURHAM DIVISION

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In Re:

**Dianne Bullock**

Case No. 07-80809

Chapter 13

Social Security No. xxx-xx-9863

Address: 215 William Penn Plaza, Apt. 1024, Durham, NC 27704-

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Debtor

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**MOTION TO MODIFY PLAN**

**NOW COMES the Debtor**, by and through counsel undersigned, who moves, under authority of 11 U.S.C. § 1329, to modify the Chapter 13 plan in this case, and in support hereof, the Debtor shows unto this Court the following:

1. This case was filed on June 6, 2007, with the Chapter 13 plan being subsequently confirmed on November 2, 2007.
2. The Debtor proposes to modify the Chapter 13 plan in this case in the following respects:  
  
From:           \$572.00 per month.  
  
To:             \$572.00 per month through March 2011, followed thereafter by \$374.00 per month, starting in June 2011.
3. In addition, the Debtor requests a "waiver" to move her Chapter 13 plan payment delinquency to the end of the Chapter 13 plan for payment. The Debtor agrees that any Order allowing such waivers shall not be *res judicata* as to timely Motions for Relief filed by secured creditors in this case.
4. The changed circumstances that justify the proposed modification are as follows:
  - a. The Debtor has hyperthyroidism, high cholesterol, and severe bursitis in both shoulders, each of which requires substantial medical and rehabilitation care and expense.
  - b. The Debtor is only working part time and cannot find greater employment.
  - c. The Debtor has been unable to afford necessary repairs to her automobile.
5. An Amended Schedule I for the Debtor is attached hereto and is incorporated hereto by reference.
6. An Amended Schedule J for the Debtor is attached hereto and is incorporated by reference.

7. The proposed modification conforms to the standards of confirmation set out in 11 U.S.C. §§ 1322 and 1325. This modification is feasible because of the following changes, as detailed on the attached Chapter 13 Worksheet:
  - a. Change in dividend to unsecured creditors.

**Appended Application for an Additional Attorney Fee**

8. Counsel for the Debtor further applies herein, in accordance with Bankruptcy Rule 2016(b), for approval an attorney fee in the amount of \$250.00 to pay for the reasonable value of the services rendered, and to be rendered, with respect to this motion to modify.

WHEREFORE, the Debtor prays that this Court grant her Motion, and modify the Chapter 13 plan accordingly. In addition, counsel undersigned requests that this Court approve a fee in the amount of \$250.00 to compensate undersigned for the services rendered or to be rendered with respect to this motion, said fee to be paid by the Chapter 13 Trustee as an administrative claim in this case.

Dated: May 4, 2011

**LAW OFFICES OF JOHN T. ORCUTT, P.C.**

/s Edward C. Boltz

Edward C. Boltz

North Carolina State Bar No.: 23003

6616-203 Six Forks Road

Raleigh, N.C. 27615

(919) 847-9750

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**CERTIFICATE OF SERVICE**

I, Patty Cherigo, certify under penalty of perjury that I am, and at all times hereinafter mentioned was, more than eighteen (18) years of age and that on May 4, 2011, I served copies of the foregoing **MOTION TO MODIFY PLAN** electronically, or when unavailable, by regular first-class U.S. mail, addressed to the following parties:

Richard M. Hutson, II  
Chapter 13 Trustee  
Michael West  
U.S. Bankruptcy Administrator

Dianne Bullock  
215 William Penn Plaza, Apt. 1024,  
Durham, NC 27704-

All creditors with duly filed claims as listed on the attached Report of Claims Filed at the addresses listed thereon.

/s Patty Cherigo  
Patty Cherigo

# CH. 13 PLAN - DEBTS SHEET (MIDDLE DISTRICT - STEP PLAN)

Date: 3/30/11

Lastname-SS#: Bullock-9863 MTM

## RETAIN COLLATERAL & PAY DIRECTLY TO CREDITOR

## SURRENDER COLLATERAL

Creditor Name	Sch D #	Description of Collateral

Creditor Name	Description of Collateral
HFC	House

## ARREARAGE CLAIMS ON RETAINED COLLATERAL

## REJECTED DEFECTORY CONTRACTS/LEASES

Creditor Name	Sch D #	Arrearage Amount

Creditor Name	Description of Collateral

## UTD - DOI on PRINCIPAL RESIDENCE - OTHER REAL PROPERTY

Creditor Name	Sch D #	Mortgage Payment	Int. Rate	Adequate Protection	Minimum Equal Payment	Description of Collateral
			n/a	n/a		
			n/a	n/a		
			n/a	n/a		

## STD - SECURED DEBTS (Retain Collateral & Pay FMV of Collateral)

Creditor Name	Sch D #	FMV	Int. Rate	Adequate Protection	Minimum Equal Payment	Description of Collateral
			7.00			
			7.00			
			7.00			
			7.00			

## STD - SECURED DEBTS & 910 CLAIMS (Pay 100%)

Creditor Name	Sch D #	Payoff Amount	Int. Rate	Adequate Protection	Minimum Equal Payment	Description of Collateral
CFCU		\$7,985	5.25	\$80	\$326	04 Mercury
			7.00			
			7.00			
			7.00			
			7.00			

## ATTORNEY FEES (Upaid Part)

Amount

Law Offices of John T. Orcutt, P.C.

\$750

## SECURED TAXES

Secured Amount

IRS Tax Liens

Real Property Taxes on Retained Realty

## UNSECURED PRIORITY DEBTS

Amount

IRS Taxes

State Taxes

Personal Property Taxes

Alimony or Child Support Arrearage

## CO-SIGN PROTECT (Pay 100%)

Int. Rate

Payoff Amount

All 'Co-Sign Protect Debts (See\*\*\*)

## GENERAL NON PRIORITY UNSECURED

Amount to Pay

DMI = None(\$0)

## PROPOSED CHAPTER 13 PLAN

\$ 374 /month for 20 months, then

\$ N/A /month for N/A months.\*\*

## Definitions

Sch D # = The number of the secured debt as listed on Schedule D.

Adequate Protection = Required monthly 'Adequate Protection' payment.

\* = Minimum of DMI x ACP, minus all co-sign protect debt.

\*\* = Plan duration is subject to "Duration of Chapter 13 Plan" provision.

\*\*\* Co-sign protect on all debts so designated on filed schedules D, E and F

Final\_MD\_Step (rev. 11/6/07) © Copyright by John T. Orcutt (Page 4 of 4)

## Other Miscellaneous Provisions

In re **Diane Thomas Bullock**

Debtor(s)

Case No. **07-80809****SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S) - AMENDED**

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child.

Debtor's Marital Status:	DEPENDENTS OF DEBTOR AND SPOUSE	
<b>Divorced</b>	RELATIONSHIP(S): <b>None.</b>	AGE(S):
<b>Employment:</b>	<b>DEBTOR</b>	<b>SPOUSE</b>
Occupation	<b>Financial Care Counselor</b>	
Name of Employer	<b>Duke Hospital</b>	
How long employed	<b>38 Years</b>	
Address of Employer	<b>Erwin Road Durham, NC 27705</b>	

INCOME: (Estimate of average or projected monthly income at time case filed)

1. Monthly gross wages, salary, and commissions (Prorate if not paid monthly)

2. Estimate monthly overtime

3. SUBTOTAL

4. LESS PAYROLL DEDUCTIONS

a. Payroll taxes and social security

b. Insurance

c. Union dues

d. Other (Specify):

5. SUBTOTAL OF PAYROLL DEDUCTIONS

6. TOTAL NET MONTHLY TAKE HOME PAY

7. Regular income from operation of business or profession or farm (Attach detailed statement)

8. Income from real property

9. Interest and dividends

10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above

11. Social security or government assistance

(Specify): **Retirement**

12. Pension or retirement income

13. Other monthly income

(Specify):

14. SUBTOTAL OF LINES 7 THROUGH 13

15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)

16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15; if there is only one debtor repeat total reported on line 15)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

**-NONE-**

DEBTOR	SPOUSE
\$ <b>1,611.58</b>	\$ <b>0.00</b>
\$ <b>0.00</b>	\$ <b>0.00</b>
<b>\$ 1,611.58</b>	<b>\$ 0.00</b>
\$ <b>355.63</b>	\$ <b>0.00</b>
\$ <b>0.00</b>	\$ <b>0.00</b>
\$ <b>0.00</b>	\$ <b>0.00</b>
\$ <b>0.00</b>	\$ <b>0.00</b>
\$ <b>0.00</b>	\$ <b>0.00</b>
<b>\$ 355.63</b>	<b>\$ 0.00</b>
<b>\$ 1,255.95</b>	<b>\$ 0.00</b>
\$ <b>0.00</b>	\$ <b>0.00</b>
\$ <b>0.00</b>	\$ <b>0.00</b>
\$ <b>0.00</b>	\$ <b>0.00</b>
\$ <b>0.00</b>	\$ <b>0.00</b>
\$ <b>1,201.74</b>	\$ <b>0.00</b>
\$ <b>0.00</b>	\$ <b>0.00</b>
\$ <b>0.00</b>	\$ <b>0.00</b>
\$ <b>0.00</b>	\$ <b>0.00</b>
\$ <b>0.00</b>	\$ <b>0.00</b>
<b>\$ 1,201.74</b>	<b>\$ 0.00</b>
<b>\$ 2,457.69</b>	<b>\$ 0.00</b>
<b>\$ 2,457.69</b>	

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

In re **Diane Thomas Bullock**

**Debtor(s)**

Case No. 07-80809

**SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S) -  
AMENDED**

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

- |  |   |     |                          |
|--|---|-----|--------------------------|
| 1. Rent or home mortgage payment (include lot rented for mobile home)  |   | \$  | 900.00                   |
| a.   | Are real estate taxes included?                   | Yes | <input type="checkbox"/> |
| b.   | Is property insurance included?                   | Yes | <input type="checkbox"/> |
| 2. Utilities:  |   |     |                          |
| a.   | Electricity and heating fuel                      | \$  | 142.61                   |
| b.   | Water and sewer                                   | \$  | 50.00                    |
| c.   | Telephone   | \$  | 0.00                     |
| d.   | Other <b>Cellular Phone</b>                       | \$  | 90.00                    |
| 3. Home maintenance (repairs and upkeep)   |   | \$  | 0.00                     |
| 4. Food  |   | \$  | 200.00                   |
| 5. Clothing  |   | \$  | 60.00                    |
| 6. Laundry and dry cleaning  |   | \$  | 30.00                    |
| 7. Medical and dental expenses   |   | \$  | 100.00                   |
| 8. Transportation (not including car payments)   |   | \$  | 200.00                   |
| 9. Recreation, clubs and entertainment, newspapers, magazines, etc.  |   | \$  | 0.00                     |
| 10. Charitable contributions   |   | \$  | 100.00                   |
| 11. Insurance (not deducted from wages or included in home mortgage payments)  |   |     |                          |
| a.   | Homeowner's or renter's                           | \$  | 0.00                     |
| b.   | Life  | \$  | 30.00                    |
| c.   | Health  | \$  | 0.00                     |
| d.   | Auto  | \$  | 70.00                    |
| e.   | Other <b>Real Property Insurance</b>              | \$  | 11.08                    |
| 12. Taxes (not deducted from wages or included in home mortgage payments)<br>(Specify)   |   | \$  | 0.00                     |
| 13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)   |   |     |                          |
| a.   | Auto  | \$  | 0.00                     |
| b.   | Other   | \$  | 0.00                     |
| c.   | Other   | \$  | 0.00                     |
| d.   | Other   | \$  | 0.00                     |
| 14. Alimony, maintenance, and support paid to others   |   | \$  | 0.00                     |
| 15. Payments for support of additional dependents not living at your home  |   | \$  | 0.00                     |
| 16. Regular expenses from operation of business, profession, or farm (attach detailed statement)   |   | \$  | 0.00                     |
| Other  | <b>Chapter 13 Plan Payment</b>                    | \$  | 374.00                   |
| Other  | <b>Emergencies/Miscellaneous</b>                  | \$  | 100.00                   |
| 18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) |   | \$  | 2,457.69                 |
| 19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:<br><b>None Anticipated</b>      |   |     |                          |
| 20. STATEMENT OF MONTHLY NET INCOME  |   |     |                          |
| a.   | Average monthly income from Line 15 of Schedule I | \$  | 2,457.69                 |
| b.   | Average monthly expenses from Line 18 above       | \$  | 2,457.69                 |
| c.   | Monthly net income (a. minus b.)                  | \$  | 0.00                     |